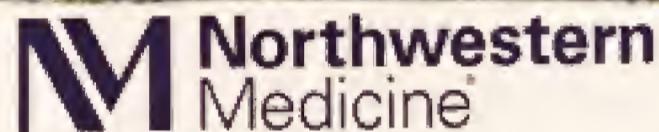


Statement of Services

Page 2

| | Date of Service | Description of Services | Charges | Adjustments/ Ins Payments | Patient Payments | Amount Due |
|-----------------------|--------------------|---|--------------|------------------------------|------------------|-------------|
| Hospital Services | 05/15/19- 05/20/19 | Room & Board - Semi-Private Two Bed (Medical OR General) - Psychiatric Medical/Surgical Supplies And Devices - General Classification | \$ 16,480.00 | | | |
| | | Laboratory - General Classification | \$ 6.75 | | | |
| | | Laboratory - Chemistry | \$ 3,777.50 | | | |
| | | Laboratory - Ultrasound | \$ 402.50 | | | |
| | | Other Imaging Services - Ultrasound | \$ 2,108.75 | | | |
| | | Emergency Room - General Classification | \$ 3,999.00 | | | |
| | | Pharmacy - Extension of 025x - Self-Administrable Drugs (B) | \$ 332.50 | | | |
| | | Ekg/Ecg (Electrocardiogram) - General Classification | \$ 876.50 | | | |
| | | Behavioral Health Treatments/Services - General Classification | \$ 1,911.00 | | | |
| | | Adjustments & Payments | | | | -8,968.35 |
| | | Total \$ | 29,894.50 | -8,968.35 | 0.00 | \$20,926.15 |
| Professional Services | 05/15/19- 05/20/19 | Initial Hospital Care/Day 70 Minutes | \$ 372.00 | | | |
| | | Adjustments & Payments | | | | -111.60 |
| | | Total \$ | 372.00 | -111.60 | 0.00 | \$260.40 |
| Professional Services | 05/15/19- 05/20/19 | Sbsq Hospital Care/Day 25 Minutes | \$ 145.00 | | | |
| | | Adjustments & Payments | | | | -43.50 |
| | | Total \$ | 145.00 | -43.50 | 0.00 | \$101.50 |
| Professional Services | 05/15/19- 05/20/19 | Initial Inpatient Consult New/Estab Pt 110 Min | \$ 495.00 | | | |
| | | Adjustments & Payments | | | | -148.50 |
| | | Total \$ | 495.00 | -148.50 | 0.00 | |
| | | Account [REDACTED] | | | | |
| | | Hardek, John, MD | | | | |
| | | Central DuPage Hospital | | | | |

(Continued on next page)



Guarantor ID

Patient

Arline M Feilen

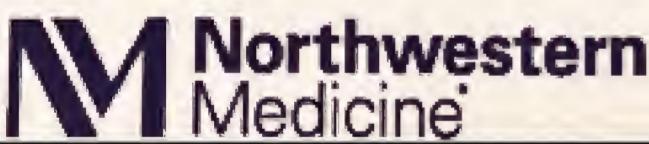
Statement Date

07/19/2019

Statement of Services

Page 3

| Date of Service | Description of Services | Charges | Adjustments/ Ins Payments | Patient Payments | Amount Due |
|-----------------|-------------------------|--------------|------------------------------|------------------|-------------|
| | | Total \$ | 495.00 | -148.50 | 0.00 |
| | | | | | \$346.50 |
| | Total All Services | \$ 30,906.50 | -9,271.95 | 0.00 | \$21,634.55 |



Guarantor ID

[REDACTED]

Due Date

08/09/19

Minimum Amount Due

\$ 21,634.55

Amount I Am Paying

\$ 21,634.55

Credit Card



Card #

Cardholder Name

Exp Date

Signature

Stmt Inv #

Northwestern Medicine
PO Box 4090
Carol Stream, IL 60197-4090



Call us at (855) 694-2866 for billing help.



Pay this bill online at nm.org/billpayment.

WINFIELD LABORATORY CONSULTANTS, SC

Phone: 800/596-7395
Fax: 616/954-2800
Website: www.mymedicalme.com
Hours: Mon - Fri | 8:00am - 8:00pm Eastern

page 1 of 3

ID Number**Name****Statement Date****Statement Number****ARLINE M FEILEN****9/11/2019****1****PLEASE SEE PAGE 2 FOR IMPORTANT INFORMATION**

Please review the charge detail listed on the following page(s) of this statement. If you have insurance that is not listed or is incorrect, please contact us so that we can update our records.

This statement contains services rendered by WINFIELD LABORATORY CONSULTANTS, SC.

Statement Summary

| | Full Pmt Option |
|--------------------------|-----------------|
| Total Amount Due: | \$633.00 |

OR- You may also make minimum monthly payments:

| | |
|-------------------------|---------|
| Monthly Payment Amount: | \$52.75 |
| Monthly Servicing Fee: | \$0.00 |

| Full Pmt OR Monthly Pmt Due By: | Monthly Pmt Option |
|---------------------------------|--------------------|
| 10/10/2019 | \$52.75 |



PLEASE SEE FOLLOWING PAGE(S) FOR ACCOUNT DETAIL

Payment Options

We gladly accept checks and the following major credit cards:



Pay Online or Using our App

- www.mymedicalme.com
- App: MyMedicalMe



Pay by Mail

- Include your "ID Number" on your check
- Make checks payable to:
WINFIELD LABORATORY CONSULTANTS, SC
- Include payment stub below in envelope provided

Pay by Phone

- Call toll free: 800/596-7395

Fee Disclosures: Please note payment is due in full by the due date listed. Your account is not currently in default. Monthly service fees may be assessed after the due date for your balance that is not paid in full. Service fees are waived for auto-debit payment plans. Late fees may apply. Please see the detailed account information on subsequent pages and the "Payment Assistance" section below for more information. If payment is returned for any reason, a \$25.00 fee will be added to your account. Fees are subject to change without notice.

***Monthly Payment Plan:** To assist you with the payment of your account, we are offering you a payment arrangement option for 12 months. By paying the exact minimum balance above, you agree to a monthly payment of \$52.75, which includes a monthly service fee of \$0.00. Additionally, all accounts and charges on this statement will be combined into one payment plan account on future statements. If you would like additional payment options, please refer to our Website at www.mymedicalme.com or call our office at 800/596-7395 (additional fees may apply).

DETACH HERE AND RETURN THIS BOTTOM PORTION WITH YOUR PAYMENT USING THE RETURN ENVELOPE ENCLOSED

WINFIELD LABORATORY CONSULTANTS, SC
PO BOX 120153
GRAND RAPIDS MI 49528-0103

| ID Number | Statement Number |
|-----------|------------------|
|-----------|------------------|

| [REDACTED] | 1 | |
|-------------------|-------------------|--------------|
| Min Amt Due | Due Date | Amt Enclosed |
| \$52.75 | 10/10/2019 | |

Phone: 800/596-7395
Hours: Mon - Fri | 8:00am - 8:00pm Eastern;

MAKE CHECK PAYABLE & REMIT TO:

WINFIELD LABORATORY CONSULTANTS, SC
PO BOX 88087
CHICAGO IL 60680-1087

Details for services rendered by WINFIELD LABORATORY CONSULTANTS, SC.

If you are uninsured, you may qualify for financial assistance. Please contact us for more information.

Accounts Not on Payment Plans:**• Account Number: [REDACTED] - charges associated with account:**

Note: This account is current and is due on 10/10/2019.

| | | | |
|----------------------|---|-----------------------|-------|
| Date of Srvc: | 5/15/2019 | Orig Balance: | 98.00 |
| Patient: | ARLINE FEILEN | Pmts/Adj/Fees: | 0.00 |
| Procedure: | 80050AA: GENERAL HEALTH PANEL | Charge Payoff: | 98.00 |
| Location: | CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD | | |
| Insurance 1: | GENERIC INCOMPLT INS INFO | | |

| History Detail | Date | Description | Pmts/Adj/Fees | |
|-----------------------|---|--------------------|-----------------------|--------|
| Date of Srvc: | 5/15/2019 | | Orig Balance: | 100.00 |
| Patient: | ARLINE FEILEN | | Pmts/Adj/Fees: | 0.00 |
| Procedure: | 80307EC: HB DRUG SCREEN ONE/MULT C | | Charge Payoff: | 100.00 |
| Location: | CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD | | | |
| Insurance 1: | GENERIC INCOMPLT INS INFO | | | |

| History Detail | Date | Description | Pmts/Adj/Fees | |
|-----------------------|---|--------------------|-----------------------|-------|
| Date of Srvc: | 5/15/2019 | | Orig Balance: | 33.00 |
| Patient: | ARLINE FEILEN | | Pmts/Adj/Fees: | 0.00 |
| Procedure: | 80320EA: HB DRUG SCREEN QUANTALCOH | | Charge Payoff: | 33.00 |
| Location: | CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD | | | |
| Insurance 1: | GENERIC INCOMPLT INS INFO | | | |

| History Detail | Date | Description | Pmts/Adj/Fees | |
|-----------------------|---|--------------------|-----------------------|-------|
| Date of Srvc: | 5/15/2019 | | Orig Balance: | 33.00 |
| Patient: | ARLINE FEILEN | | Pmts/Adj/Fees: | 0.00 |
| Procedure: | 81001EA: HB URINALYSIS AUTO W/SCOP | | Charge Payoff: | 33.00 |
| Location: | CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD | | | |
| Insurance 1: | GENERIC INCOMPLT INS INFO | | | |

| History Detail | Date | Description | Pmts/Adj/Fees | |
|-----------------------|---|--------------------|-----------------------|-------|
| Date of Srvc: | 5/15/2019 | | Orig Balance: | 40.00 |
| Patient: | ARLINE FEILEN | | Pmts/Adj/Fees: | 0.00 |
| Procedure: | 82728EA: CHEMISTRY | | Charge Payoff: | 40.00 |
| Location: | CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD | | | |
| Insurance 1: | GENERIC INCOMPLT INS INFO | | | |

| History Detail | Date | Description | Pmts/Adj/Fees | |
|-----------------------|---|--------------------|-----------------------|-------|
| Date of Srvc: | 5/15/2019 | | Orig Balance: | 12.00 |
| Patient: | ARLINE FEILEN | | Pmts/Adj/Fees: | 0.00 |
| Procedure: | 83540EA: CHEMISTRY | | Charge Payoff: | 12.00 |
| Location: | CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD | | | |
| Insurance 1: | GENERIC INCOMPLT INS INFO | | | |

| History Detail | Date | Description | Pmts/Adj/Fees | |
|-----------------------|-------------|--------------------|----------------------|-------|
| Date of Srvc: | 5/15/2019 | | Orig Balance: | 23.00 |



| | | | |
|--|---|--|--|
| Patient: Procedure: Location: Insurance 1: | ARLINE FEILEN 84439EA: CHEMISTRY CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD GENERIC INCOMPLT INS INFO | Pmts/Adj/Fees: Charge Payoff: | 0.00 23.00 |
| History Detail | Date | Description | Pmts/Adj/Fees |
| Date of Svc: Patient: Procedure: Location: Insurance 1: | 5/15/2019 ARLINE FEILEN 84466EA: CHEMISTRY CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD GENERIC INCOMPLT INS INFO | Orig Balance: Pmts/Adj/Fees: Charge Payoff: | 33.00 0.00 33.00 |
| History Detail | Date | Description | Pmts/Adj/Fees |
| Date of Svc: Patient: Procedure: Location: Insurance 1: | 5/15/2019 ARLINE FEILEN 84481EA: CHEMISTRY CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD GENERIC INCOMPLT INS INFO. | Orig Balance: Pmts/Adj/Fees: Charge Payoff: | 49.00 0.00 49.00 |
| History Detail | Date | Description | Pmts/Adj/Fees |
| Date of Svc: Patient: Procedure: Location: Insurance 1: | 5/16/2019 ARLINE FEILEN 80074EA: HB ACUTE HEPATITIS PANEL CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD GENERIC INCOMPLT INS INFO | Orig Balance: Pmts/Adj/Fees: Charge Payoff: | 167.00 0.00 167.00 |
| History Detail | Date | Description | Pmts/Adj/Fees |
| Date of Svc: Patient: Procedure: Location: Insurance 1: | 5/16/2019 ARLINE FEILEN 86038EA: IMMUNOLOGY CENTRAL DUPAGE HOSPITAL: CHANG TIFFANY Y MD GENERIC INCOMPLT INS INFO | Orig Balance: Pmts/Adj/Fees: Charge Payoff: | 45.00 0.00 45.00 |
| History Detail | Date | Description | Pmts/Adj/Fees |
| | | | Total Account Payoff: 633.00 |
| | | | Min Amt Due: 633.00 unless a payment plan is established |

